

# ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>25-MAY-2011</b>		TIME <b>22:29:00</b>		2. ADDRESS OF OCCURRENCE <b>10 1/2 N KILBOURN AVE CHICAGO, IL 60624</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>1113</b>											
INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>MCDERMOTT</b>		7. FIRST NAME <b>SEAN T</b>		8. STAR NO. <b>6435</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>508</b>		12. HT. <b>175</b>					
	14. DATE OF APPT. <b>22-MAY-2006</b>		15. EMPLOYEE NO. <b>100859</b>		16. UNIT & BEAT OF ASSIGNMENT <b>153 4430A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	20. LAST NAME <b>JACOBS</b>		21. FIRST NAME <b>TIFFANI</b>		22. M.I. <b></b>		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>28-MAY-1981</b>		26. HT. <b>508</b>		27. WT. <b>200</b>					
	28. ADDRESS <b>305 1/2 N CENTRAL PARK AVE CHICAGO, IL 60624</b>				29. TELEPHONE NO. <b></b>		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
INFORMATION	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>				34. BY WHOM? <b>ER</b>		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
	36. CHARGES PLACED <b></b>				37. CB NO. <b>18149679</b>				IR NO. <b></b>											
					DNA <input type="checkbox"/>				DNA <input type="checkbox"/>											
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAULT/ASSAULT				ASSAULT/BATTERY				ASSAULT/DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>				FLED <input type="checkbox"/>				IMMINENT THREAT OF BATTERY <input type="checkbox"/>				ATTACK WITH WEAPON <input type="checkbox"/>				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>				PULLED AWAY <input checked="" type="checkbox"/>				OTHER <input type="checkbox"/>				ATTACK WITHOUT WEAPON <input type="checkbox"/>				WEAPON <input type="checkbox"/>			
	OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>								OTHER <input type="checkbox"/>							
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>				OPEN HAND STRIKE <input checked="" type="checkbox"/>				ELBOW STRIKE <input type="checkbox"/>				KNEE STRIKE <input type="checkbox"/>				FIREARM <input type="checkbox"/>			
	VERBAL COMMANDS <input checked="" type="checkbox"/>				TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>				CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>				KICKS <input type="checkbox"/>				OTHER <input type="checkbox"/>			
	ESCORT HOLDS <input type="checkbox"/>				OC CHEMICAL WEAPON <input type="checkbox"/>				IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>				IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>							
	WRISTLOCK <input type="checkbox"/>				CANINE <input type="checkbox"/>															
WEAPON DISCHARGE INCIDENT	ARMSBAR <input type="checkbox"/>				TASER (Probe Discharge) <input type="checkbox"/>															
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>				TASER (Contact Stun) <input type="checkbox"/>															
	CONTROL INSTRUMENT <input type="checkbox"/>				TASER (Laser Targeted) <input type="checkbox"/>															
	OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>				TASER (Spark Displayed) <input type="checkbox"/>															
INFO.	OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>															
SIGNATURES	38. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <b></b>				40. ADDITIONAL INFORMATION <b></b>															
	POSITION <b></b>		STAR NO. <b></b>		UNIT <b></b>															
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>RAIN</b>											
	45. MAKE/MANUFACTURER <b></b>		46. MODEL <b></b>		47. BARREL LENGTH <b></b>		48. CALIBER/GAUGE <b></b>													
49. TASER DART ID NO. <b></b>		50. WEAPON SERIAL No. (Include Letters) <b></b>		51. CHICAGO GUN REG. NO. <b></b>		52. IL FIREARM OWNER ID. NO. <b></b>		53. HANDGUN CERTIFICATE NO. <b></b>												
54. SPECIAL WEAPON CERTIFICATE NO. <b></b>		55. PROPERTY INVENTORY NO. <b></b>		56. TYPE OF AMMUNITION USED <b></b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b></b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b></b>												
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) <b></b>		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED <b></b>		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) <b></b>														
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) <b></b>		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b></b>		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b></b>				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b></b>																
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.																				
71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP GOMMAND <input type="checkbox"/> DET. DIV.																				
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																				
73. REPORTING MEMBER (Print Name) <b>MCDERMOTT, SEAN T</b>				STAR/EMPLOYEE NO. <b>6435</b>		SIGNATURE <b></b>														
26-MAY-2011 05:47:51																				
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																				
74. REVIEWING SUPERVISOR (Print Name) <b>HUGHES, FRED L</b>				STAR NO. <b>1719</b>		SIGNATURE <b></b>		DATE REVIEWED <b>26-MAY-2011 05:51:32</b>		TIME										

D-11.377 (REV. 10/07)

LOG # 1045673

Attachment # 1

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender undergoing emergency medical treatment at this time.

### 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

CL #1045673 Based upon all information known at this time, I have concluded that the officer's actions were in compliance with Department procedures and directives.

### 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

### 78. WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

### SIGNATURE

### DATE COMPLETED

### TIME

26-MAY-2011 06:13:17

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

### ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO/FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

### 80. TOTAL TRR's THIS EVENT No.

5